Vermont Department of Health Policy Statement
For Vermont's Integrated Services Initiative
Serving People with Co-Occurring Mental Health and Substance Use Conditions

Purpose

The Department of Health's vision outlined in the Blueprint for Health is to have a comprehensive, proactive system of care that improves the quality of life for people with or at risk of chronic conditions. The full attainment of this vision is not possible if the service system design, delivery, and evaluation are not fully responsive to people with co-occurring mental health and substance use conditions. Given the high prevalence of co-occurring conditions, the high number of critical incidents involving individuals with co-occurring conditions, and the often poor outcomes associated with co-occurring conditions in the absence of integrated care, it is extremely important that we work together to improve our system of care in this area. In addition, persons with physical chronic diseases such as diabetes have increased exacerbation if mental health or substance abuse conditions are not also addressed. There have been advances in research and practice both nationally and within Vermont related to co-occurring conditions and it is important that the system continue to advance this researched and evidence-based practices approach. By enhancing our system of care, Vermonters can expect better outcomes for people with co-occurring conditions. It estimated that nearly 40,000 Vermonters have co-occurring mental health and substance use conditions. Nationally, 7-10 million people are struggling with a mental illness and addiction while forty-three percent of youth receiving mental health services have been diagnosed with a co-occurring condition. Furthermore, the integration of medical care with mental health and substance use care has never been more important as persons with serious mental illness are now at risk of dying 25 years younger than the general population due to unattended chronic medical conditions (*National Association of State Mental Health Program Directors*).

Progress at the National Level

There has been significant national attention in recent years to the issues associated with co-occurring conditions. The Surgeon General's *Report on Mental Health* in 1999, the Substance Abuse and Mental Health Service Administration's (SAMHSA) 2002 *Report to Congress* on co-occurring disorders, the President's New Freedom Commission Report on *Achieving the Promise* in 2003, and SAMHSA's *Treatment Improvement Protocol (TIP) #42* on co-occurring disorders issued in 2005 all note the high prevalence of co-occurring disorders, the lack of integrated care available in our healthcare system, and the poor outcomes experienced in the absence of integrated care. In addition, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD) jointly developed a "four quadrant" model describing different groups of people with co-occurring disorders; the American Society of Addiction Medicine (ASAM) developed the vocabulary of "addiction only," dual diagnosis capable," and "dual diagnosis enhanced" for program assessments; and SAMHSA began awarding Co-Occurring State Incentive Grants (COSIG) in 2002. As is evident throughout these developments and initiatives, there is a clear consensus in the field that the integration of mental health, addiction services and physical health care is a pre-requisite for meeting the needs of an increasing number of individuals with co-occurring conditions.

Progress at the State Level in Vermont

Vermont has taken significant and important steps over the last several years to increase the systems' capacity to provide accessible, effective, comprehensive, integrated and evidence-based services for adults and adolescents with co-occurring conditions. In 2001, the Vermont Department of Developmental and Mental Health Services (DDMHS) obtained a Community Action Grant for the implementation of best practice in providing co-occurring services to individuals with severe and persistent mental illness receiving care in the Community Rehabilitation and Treatment (CRT) system of care. The grant utilized the Comprehensive Continuous Integrated System of Care (CCISC) model as a quality improvement approach characterized by incremental expectations for change. The result was extensive consensus building, training and a broad recognition of the value of integrated treatment

that was outlined in a Consensus Document. The Consensus Document describes a continuing process that has begun in the CRT system and has extended to involve a number of inpatient units and outpatient adult, child mental health and substance abuse programs with the expectation that every program will become a co-occurring capable program and every clinician will become a co-occurring competent clinician through the performance improvement process over time.

Similar efforts to build co-occurring capacity and integrated treatment have been supported by the Juvenile Justice grant (2003-5) and the Adolescent Treatment Enhancement Grant (2006-2009). The Evidenced-Based Practice's Grant and the Adolescent Treatment Enhancement Grant continue to create strong partnerships with service providers and community stakeholders to enhance the system of care at the community, provider and state levels. In addition, Vermont in 2006 became one of 17 states to receive a Co-Occurring State Incentive Grant (COSIG). COSIG will assist Vermont in advancing and connecting all current and previous change efforts into one statewide initiative called the Vermont Integrated Services Initiative (VISI).

Policy Statement

The *healthcare system in Vermont will be welcoming, accessible, integrated, and responsive to the multiple and complex needs of persons and families experiencing co-occurring mental health and substance use conditions, in all levels of care, across all agencies, and throughout all phases of the recovery process (e.g. engagement, screening, assessment, treatment, rehabilitation, discharge planning, and continuing care).*

In order to accomplish this within scarce resources, all of the involved substance use, mental health and primary care settings and systems will build on the consensus process and previous work described above to organize a state wide performance improvement process in which every program of care will become a co-occurring capable program, and every clinician will become a co-occurring competent clinician within the context of their current level of licensure or training. Over the next several years, the state will make a commitment to work in partnership with mental health and substance use and primary health provider agencies, clinicians, and consumer/family advocates to make steady progress toward this goal.

Definitions

- Co-occurring conditions are defined as the co-existence (within an individual or – for children's services – a family system) of two or more problems or disorders, at least one which relates to the use of alcohol and/or other drugs and at least one of which is a mental health disorder.
- Integrated treatment is a means of providing – in any setting - appropriately matched substance use and mental health interventions through a relationship with one clinician or two or more clinicians working together within one program or a network of services. Integrated services must appear seamless to the individual or family participating in services.
- Co-occurring capability refers to the capacity of any program to fully organize its infrastructure (policies, procedures, clinical practices, and staff competencies) within available resources to provide welcoming, appropriately matched integrated interventions to its current caseload of co-occurring clients and families within the context of its existing program design and mission, based on the recognition that co-occurring disorders will be an expectation and a priority for attention within the population served**.**

Guiding Principles:

- People and families with co-occurring conditions are the expectation in our healthcare system, and not the exception.
- People and families with co-occurring conditions should be welcomed for care whenever they present.
- People and families with co-occurring disorders should contribute to the design and delivery of the services at every level.
- There is "no wrong door" for people with co-occurring conditions entering into the healthcare system.
- Treatment success for individuals and families with co-occurring conditions is based on the development of empathic hopeful recovery oriented integrated treatment relationships, during any episode of care, and, for the most complex clients, continuing relationships that stay with the person or family over time.

- Mental health and substance use conditions are both "primary", and require specific, integrated and appropriately matched stage based, strength based, skill based interventions for each disorder at the same time
- There is no one type of program for co-occurring conditions. Every program becomes a co-occurring capable program within its existing resources and scope of service.
- The healthcare system is committed tointegrated treatment with one plan for one person.
- The health care system is committed to working in partnership with providers and consumers to support the achievement of a welcoming system of care by supporting performance improvement, technical assistance, the collaborative development of practices and standards, and through the provision of continued support for workforce development
- The healthcare system will offer evidence-based techniques and protocols, and evaluate how these relate to outcomes.
- The healthcare system will strive to identify, develop, evaluate, and document new emerging or promising practices.
- Improvements will be made to state policies and procedures, to billing and funding instructions**,** to program structure and milieu, staffing, and workforce development relative to co-occurring conditions.
- Recovery support (including self-help, mutual support, peer-delivered and peer run services) and family education and support are important components of a co-occurring enhanced system of care.
- Integrated care must be accomplished by preserving and capitalizing on the values, philosophies, and core technologies of the addiction, mental health, physical and public health fields.

Tools for Implementing the Policy

The Vermont Health Department's Integrated Services Initiative's website includes the following resources to help implement integrated addiction and mental health treatment:

- Co-Occurring Fidelity Implementation Tool (CO-FIT), Zialogic
- Comorbidity Program Audit and Self-Survey for Behavioral Health Services (COMPAS), Zialogic.
- Co-Occurring Disorders Educational Competency Assessment Tool (CODECAT), Zialogic.
- Co-Occurring Capability (COCA): An Implementation Guide for Behavioral Health Provider, Zialogic
- The Dual Diagnosis Capability in Addiction Treatment Tool Kit, McGovern.
- The Integrated Dual Disorders Treatment (IDDT) Toolkit (for people with SPMI), Dartmouth
- SAMHSA's Treatment Improvement Protocol (TIP) #42: Substance Abuse Treatment for Persons with Co-Occurring Disorders.
- Access to Vermont's Integrated Services Initiative including training, technical assistance and consultation.
- Access to co-occurring peer recovery groups and trainings including audiovisuals, books, curricula, pamphlets, posters on co-occurring disorders.
- The National Co-Occurring Center for Excellence: coce.samhsa.gov/
- Vermont Department of Health Policy Statement
- Institute of Medicine of the National Academies of Sciences "Quality Chasm Series: Improving the Quality of Health Care for Mental and Substance –Use Conditions, November 2006

https://healthvermont.gov/mh/visi/